

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U <u>4784</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>MARK</u> <u>DOCIE</u> P.O. Box, Bldg., Room No., if any Street <u>2595 YARDVILLE HAMILTON SQUARE ROAD</u> City <u>TRENTON</u> State <u>New Jersey</u> ZIP Code + 4 <u>08690</u>	4. Name, file number, and address of labor organization. Name <u>IRONWORKERS LOCAL UNION #68</u> Labor Organization File Number <u>032-914</u> P.O. Box, Building and Room Number, if any Street <u>2595 YARDVILLE HAMILTON SQUARE ROAD</u> City <u>TRENTON</u> State <u>New Jersey</u> ZIP Code + 4 <u>08690</u>
5. Position in labor organization. <u>APPRENTICE TRAINING COORDINATOR</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Mar S Docie

On

8/5/05

Date

(609) 586-6801

Telephone Number

Name of Person Filing <b>MARK DOCIE</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>IRONWORKERS LOCAL #68 SUPP DIS/ANCILLARY</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>2595 YARDVILLE HAMILTON SQUARE ROAD</b></p> <p>City <b>TRENTON</b></p> <p>State <b>New Jersey</b> ZIP Code + 4 <b>08690</b></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>IRONWORKERS LOCAL #68 SUPP DIS/ANCILLARY</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>2595 YARDVILLE HAMILTON SQUARE ROAD</b></p> <p>City <b>TRENTON</b></p> <p>State <b>New Jersey</b> ZIP Code + 4 <b>08690</b></p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>ATTENDANCE OF TRUSTEE MEETINGS OF IRONWORKERS LOCAL 68 BENEFITS FUNDS HELD ON MARCH 31, APRIL 5, JULY 15, AND OCTOBER 1 OF 2004.</b></p>
	<p><b>11.b. Approximate dollar value of such dealing.</b> <b>\$238</b></p>
	<p><b>12.a. Nature of interest held or income received.</b></p> <p><b>ON THE ABOVE TRUSTEE MEETING DATES LUNCH WAS SERVED WHICH COST THE FUND THE AMOUNT INDICATED ON LINE 12b.</b></p>
	<p><b>12.b. Amount.</b> <b>\$238</b></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing MARK DOCIE

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name IRONWORKERS LOCAL #68 TRAINING FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2595 YARDVILLE HAMILTON SQUARE ROAD

City TRENTON

State New Jersey ZIP Code + 4 08690

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRONWORKERS LOCAL #68 TRAINING FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2595 YARDVILLE HAMILTON SQUARE ROAD

City TRENTON

State New Jersey ZIP Code + 4 08690

## 11.a. Nature of such dealing.

ATTENDANCE OF TRAINING CONFERENCE HELD IN BALTIMORE MARYLAND AND SAN DIEGO CALIFORNIA IN 2004.

## 11.b. Approximate dollar value of such dealing.

\$2,157

## 12.a. Nature of interest held or income received.

THE FOLLOWING COSTS WERE PAID FOR BY THE IRONWORKERS #68 TRAINING FUND FOR THE ABOVE TRAINING CONFERENCES. WAGES, EMPLOYEE BENEFITS, MEALS.

## 12.b. Amount.

\$2,157